



Fuel Storage Tank Permit Application

THE BUILDING DIVISION
4800 S 188th St
SeaTac, WA 98188
206-973-4750

PERMIT # FST _____

Project Address:	Parcel #:
Applicant: Address:	Phone:
Contact Person:	Phone:
Property Owner: Address:	Phone:
Tenant:	Phone:
Contractor: City Business Lic. #: State Contractor Lic. #:	Phone:
Engineer: Address:	Phone:
Description of Work:	
Value of Work: \$	Type Of Installation: <input type="checkbox"/> Above Ground <input type="checkbox"/> Below Ground
Type of Work: <input type="checkbox"/> New <input type="checkbox"/> Abandoned <input type="checkbox"/> Removal <input type="checkbox"/> Remodel <input type="checkbox"/> Other _____	
Type Of Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Heating Oil <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other	
Type of Use: <input type="checkbox"/> Commercial <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Multi-family <input type="checkbox"/> Single-family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____	
Type of Business: <input type="checkbox"/> None <input type="checkbox"/> Business <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Manufacturing <input type="checkbox"/> Education <input type="checkbox"/> Professional Services <input type="checkbox"/> Day Care <input type="checkbox"/> Adult Family Home <input type="checkbox"/> Food Service <input type="checkbox"/> Government <input type="checkbox"/> Transportation <input type="checkbox"/> Repair Garage <input type="checkbox"/> Other _____	

I certify that I am the ☐ Owner ☐ Contractor

Applicant Signature: _____ Date: _____

Printed Name: _____